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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

SYVÄNNE

Group Art Unit: 2131

Appln. No.: 09/988,356

Examiner: Not Yet Assigned

Filed: November 19, 2001

FOR: A PERSONAL FIREWALL WITH LOCATION DEPENDENT FUNCTIONALITY

\* \* \* \* \*

April 7, 2003

INFORMATION DISCLOSURE STATEMENTHon. Commissioner of Patents  
Washington, DC 20231

Sir:

I hereby certify that each enclosed document listed on the enclosed PTO-1449 was cited in an International Search Report, issued in a counterpart foreign application not more than three months ago. See the Search Report for the relevance of each reference.

This IDS is intended to be in full compliance with the rules, but should the Examiner find any part of its required content to have been omitted, prompt notice to that effect is earnestly solicited, along with additional time under Rule 97(f), to enable Applicant to comply fully.

Consideration of the foregoing and the return of a copy of the PTO-1449 with the Examiner's initials in the left column as per MPEP 609 are earnestly solicited.

Respectfully submitted,

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FORM PTO-1449 (modified)  
To: U.S. Department of Commerce  
(PW FORM PAT-1449)  
Patent and Trademark Office



Atty. Dkt. No.	M#	Client Ref.
	284125	2011373US/Åkp

**INFORMATION DISCLOSURE STATEMENT  
BY APPLICANT**

Applicant: SYVÄNNE	
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Date: April 7, 2003 Page 1 of 1

**U.S. PATENT DOCUMENTS**

Examiner's Initials*		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	6,158,0080	12/2000	MARIA et al.			
	BR						
	CR						
	DR						
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	FR						
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	IR						
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	NR						

**FOREIGN PATENT DOCUMENTS**

		Document Number	Date MM/YYYY	Country	Inventor Name	English Abstract		Translation Readily Available	
						Enclosed	No	Enclose	No
	OR	0 854 621	07/1998	EPO	ZENCHELSKY et al.				
	PR								
	QR								
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	VR								
	WR								
	XR								

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**OTHER (Including in this order Author, Title, Periodical Name, Date, Pertinent Pages, etc.)**

	YR				
	ZR				
	AAR				
	BBR				
	CCR				
	DDR				

Examiner \_\_\_\_\_ Date Considered: \_\_\_\_\_

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.